

Beam Endodontics

Nathan Beam, DDS, MS
Dakota Bailey, DDS, MS

Patient Information

Name _____

Phone _____

DOB _____

Referring Doctor

Name _____

Email _____

Phone _____

Date _____

Referred for the following:

☐ Root Canal Treatment

☐ Diagnosis

☐ Retreatment

☐ Endodontic Surgery

Tooth # _____

Treatment Planned for _____

☐ Acute pain

☐ Asymptomatic (Caries/PARL)

☐ Resorption (Internal/External)

☐ Exposed pulp

☐ RCT begun

☐ Fracture

☐ Crown cemented (Temp/Perm)

☐ Restore simple access

☐ Leave post space

Comments _____

Please email the patient's most recent periapical radiograph and this referral to info@beamendo.com

1030 Riverwalk Parkway Suite 201 Rock Hill, SC 29730



803.980.3333



803.548.4414

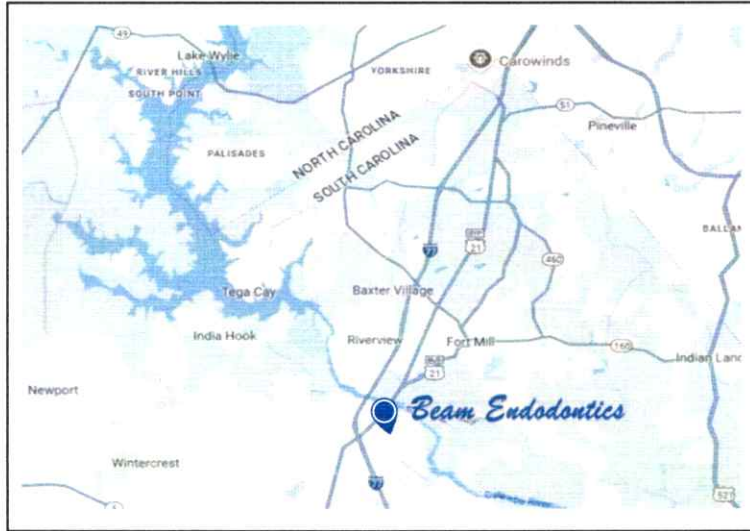


www.beamendo.com

Beam Endodontics

1030 Riverwalk Parkway Suite 201
Rock Hill, SC 29730

 803.980.3333



For the Patient

- Please do not take any pain-relieving medications 6 hours prior to your appointment to allow for proper diagnosis
- Please take all other medications as directed by the prescriber
- If you require antibiotic pre-medication before dental appointments, please take as prescribed
- Please call if you have any questions